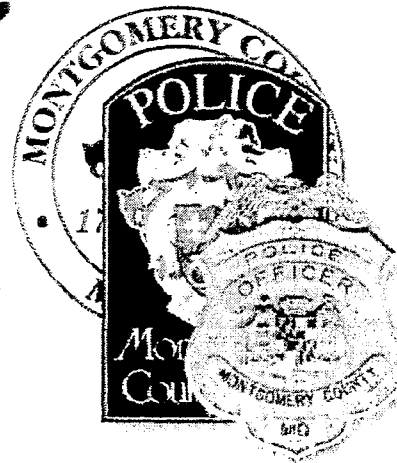


MCPD



CONFIDENTIAL QUESTIONNAIRE

POLICE OFFICER CANDIDATE

APPLICANT'S FULL NAME: _____

APPLICANT'S ADDRESS: _____

DATE COMPLETED: _____

*Make a Difference ...
Make a Commitment ...*

*Choose a Career That Counts ...
Choose Montgomery County*

IMPORTANT NOTICE TO APPLICANT

The employment process for the Montgomery County Police is an extremely competitive endeavor that requires our agency to identify only the most highly-qualified applicants for consideration for employment. The completion and submission of this confidential questionnaire is the first step in a thorough and lengthy employment process. All questions contained within this document must be answered as accurately, as completely, and as honestly as possible. You should understand that we will not process an incomplete questionnaire and you will be removed from the process if it is not completed.

Any identified discrepancies in the information provided, or the omission of requested information, will result in your removal from this and future employment processes with this agency. This agency will not consider individuals for employment who we find, or consider, less than honest and forthright in the information they provide to us.

Remember that the information provided will be verified during the polygraph examination component of our employment process. Any information knowingly withheld or falsified will be identified by the polygraphists.

INSTRUCTIONS

1. Read all instructions closely and carefully.
2. All answers and responses must be typed or handwritten by the applicant, and must be in **black ink**.
3. When listing individuals, be sure that you provide the full identity of the individual with their full and correct name, title, position, etc. Furthermore, you must provide complete home and/or business addresses. We will **not** attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, ZIP codes, area codes, etc. It is your responsibility to provide complete and accurate information.
4. When completing the personal residence section of the questionnaire, ensure that you provide every address where you have lived since the age of (12) twelve years old. Begin with your most current address, and work backwards. Past addresses include addresses where you lived on a college, a private school campus or the equivalent.

(CONTINUED)

5. When completing the employment section of the questionnaire, ensure that you provide the required information for every employer that you have worked for, starting with your current employer, and working backwards to your first employer. If there is a period of unemployment, enter it in the space provided in the same sequence and manner as if this were another employer by indicating "to" and "from" and print "UNEMPLOYED" in the block marked "Name of Employer". If you were employed by more than one employer during the same time frame, list the primary employer first, and then list the secondary or part-time employer within the next section.
6. If additional space is required to complete any of the questions, the answer should be continued on a continuation page located at the end of this booklet.
7. ***Remember to have your "Authorization For Release of Information" notarized. Your background investigation cannot begin without this notarized document.***

WHEN YOU APPEAR FOR YOUR WRITTEN EXAMINATION, YOU ARE REQUIRED TO BRING THE FOLLOWING DOCUMENTS WITH YOU IF YOU HAVE NOT ALREADY PROVIDED THEM TO THIS AGENCY.

- COPY OF BIRTH CERTIFICATE
- COPY OF HIGH SCHOOL DIPLOMA
- SEALED COLLEGE TRANSCRIPTS OR PROOF THAT YOU HAVE REQUESTED THEM
- MILITARY FORM DD-214, IF APPLICABLE
- NATURALIZATION CERTIFICATE, IF APPLICABLE
- NOTARIZED RELEASE OF INFORMATION AND STATEMENT OF CONSENT FORM
- COPY OF SOCIAL SECURITY CARD
- COPY OF DRIVER'S LICENSE



Isiah Leggett
County Executive

DEPARTMENT OF POLICE

J. Thomas Manger
Chief of Police

CREDIT HISTORY AUTHORIZATION FORM

The Montgomery County, Maryland, Department of Police utilizes many sources of information during the background investigation component of our employment process. The usage of consumer credit reporting information is a very valuable tool, and you should understand that this agency is required to obtain a separate and distinct authorization from you in order for this agency to obtain your consumer credit reporting history from a contracted consumer credit reporting agency. Without this signed and executed authorization, we will be unable to process your application for employment with this agency.

AUTHORIZATION FOR RELEASE OF CREDIT HISTORY INFORMATION

I do hereby authorize the Montgomery County, Maryland, Department of Police to review and obtain a full disclosure of all my consumer credit history information and/or reports for employment purposes only, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. I further understand that material contained in any of my consumer credit history reports may be a basis for the denial of employment with the Montgomery County, Maryland, Department of Police.

Full Legal Signature and Printed Name

Date

REVISED: 12-2008

Personnel Division

2350 Research Boulevard • Rockville, Maryland 20850 • 240-773-5310 • 1-800-828-1930 • 301-762-7619 TTY

www.montgomerycountymd.gov

APPLICANT'S BIOGRAPHICAL DATA

Applicant's Name: _____
Last First Middle (Maiden)

Current Address: _____
Street Apt#

County City State Zip Code

Home Phone: () _____ Work Phone: () _____

Social Security Number: ____/____/____ Cell Phone: () _____

Date of Birth (DOB): ____/____/____ Email Address: _____

Place of Birth: _____

U.S. Citizen: Yes [] No [] By Birth [] Naturalization [] (If naturalized, complete below)

City, State, Court: _____

Certificate number: _____ Petition number: _____

Date Issued: _____ Resident Alien Number(s): _____

Other Names Used (lawful name changes, cultural name changes, previous married name, nicknames etc.) - List names, dates used and reason for use:

U.S. Passport: Yes [] No [] Passport Number: _____

PHYSICAL DESCRIPTION OF APPLICANT

Race: _____ Sex: _____ Age: _____ Height: _____

Weight: _____ Eyes: _____ Hair: _____

Scars, Marks, Tattoos: _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

MARITAL STATUS OF APPLICANT*Complete entire section*

Married: [] Single: [] Separated: [] Divorced: [] Partner of: []

Spouse/fiancé(e)/significant other/current dating partner:

Name: _____ Maiden name if applicable: _____ DOB: _____

Present address: _____

Street

Apt#

City

County

State

Zip Code

Occupation: _____ Name of Employer: _____

Address: _____ Business phone: () _____

Cell Phone: () _____ Email Address: _____

Date of Marriage: ____/____/____ Location: _____

Has your spouse/fiancé (e)/significant other/current dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes [] No [] If yes, provide dates, reasons, agency and disposition. _____

Has your spouse/fiancé(e)/significant other/most recent dating partner ever called the police on you for any reason? Yes [] No [] If yes, provide dates, reasons, agency and disposition. _____

INFORMATION ON FORMER SPOUSE(S)/PARTNER(S) (IF APPLICABLE)

Name: _____

Maiden name, if applicable: _____ DOB: _____

Present address: _____

Street

Apt#

City

County

State

Zip Code

Home Phone () _____ Work Phone () _____

Occupation: _____ Name of Employer: _____

Address: _____

Date of Marriage: ____/____/____ Location: _____

Date of Divorce: ____/____/____ Location: _____

Use continuation page for additional data.**OFFICIAL USE ONLY**

Investigator

Date

Applicant

INFORMATION ON FORMER SPOUSE(S)/PARTNER(S) (IF APPLICABLE)

Have any of your former spouse(s) / partner(s) ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes [] No [] If yes, provide dates, reasons, agency and disposition.

Did your former spouse(s) / partner(s) ever call the police on you for any reason? Yes [] No []
If yes, provide date(s), reason(s), agency and disposition. _____

LIST ALL CHILDREN AND DEPENDENTS OF APPLICANT

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

FAMILY OF APPLICANT

Provide complete addresses, zip codes, and phone numbers.

Parent #1 _____ DOB: ____/____/____

Last First Middle

Address: _____

Street Address Apt# City County State Zip

Home Phone : () _____ Work Phone: () _____

Cell Phone: () _____ Email Address: _____

Criminal record? Yes [] No [] If yes, explain: _____

Parent #2: _____ DOB: ____/____/____

Last First Middle

Address: _____

Street Address Apt# City County State Zip

Home Phone : () _____ Work Phone: () _____

Cell Phone: () _____ Email Address: _____

Criminal record? Yes [] No [] If yes, explain: _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

FAMILY OF APPLICANT

Sibling: _____ DOB: ____/____/____
Last First Middle
Address: _____
Street Address Apt# City County State Zip
Home Phone : () _____ Work Phone: () _____
Cell Phone: () _____ Email Address: _____
Criminal record? Yes [] No [] If yes, explain: _____

Sibling: _____ DOB: ____/____/____
Last First Middle
Address: _____
Street Address Apt# City County State Zip
Home Phone : () _____ Work Phone: () _____
Cell Phone: () _____ Email Address: _____
Criminal record? Yes [] No [] If yes, explain: _____

Sibling: _____ DOB: ____/____/____
Last First Middle
Address: _____
Street Address Apt# City County State Zip
Home Phone : () _____ Work Phone: () _____
Cell Phone: () _____ Email Address: _____
Criminal record? Yes [] No [] If yes, explain: _____

If you were raised by anyone other than your parents, provide their information:

_____ DOB: ____/____/____ Relationship: _____
Last First Middle
Address: _____
Street Address Apt# City County State Zip
Home Phone : () _____ Work Phone: () _____ Cell Phone: () _____
Email Address: _____
Criminal record? Yes [] No [] If yes, explain: _____

Dates you were under this person's charge: From: ____/____/____ to ____/____/____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

CURRENT AND FORMER ADDRESSES

List complete addresses, to include full college addresses, used since birth. (Work backwards, listing current address first.)

1.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
2.	_____						From: _____	To: _____
	Street	Apt Dorm)	City	County	State	Zip		
3.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
4.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
5.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
6.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
7.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
8.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
9.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
10.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		
11.	_____						From: _____	To: _____
	Street	Apt Dorm)	City	County	State	Zip		
12.	_____						From: _____	To: _____
	Street	Apt (Dorm)	City	County	State	Zip		

OFFICIAL USE ONLY

Investigator

Date

Applicant

Left Blank Intentionally

Have the police ever been called to any home/residence in which you have resided? Yes [] No []
If yes, provide date(s), reason(s), agency and disposition. _____

Use continuation page for additional data.

Have you ever traveled outside the United States? Yes [] No [] If yes, provide date(s),
destinations, and reason(s) for travel: _____

OFFICIAL USE ONLY

Investigator

Date

Applicant

Use continuation page for additional data.

EDUCATION
HIGH SCHOOLS/VOCATIONAL SCHOOLS ATTENDED

(1) Name: _____

Address: _____

Street City County State Zip

Email Address: _____ Phone: () _____

Dates Attended: From ____/____/____ To ____/____/____

(2) Name: _____

Address: _____

Street City County State Zip

Email Address: _____ Phone: () _____

Dates Attended: From ____/____/____ To ____/____/____

Approximate Grade Point Average: _____ Highest Grade Completed: _____

COLLEGES/UNIVERSITIES ATTENDED

Do you have a college/university degree? Yes [] No []

Type: Certificate [] AA [] BA [] BS [] MA [] MS [] Other []

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

Do you currently have any outstanding debts with any college (deferred loans, tuition, grants, parking citations, lab costs, etc.)? Yes [] No [] If yes, provide amount of debt and reason:

Registrar Telephone Number: () _____

Website Address: _____

Email Address: _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

Colleges/Universities Attended

(1) Name: _____

Address: _____

Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. ____

Number of credits earned _____ Degree earned _____ Date ____/____/____

Registrar Telephone Number: () _____

Website Address: _____ Email Address: _____

(2) Name: _____

Address: _____

Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. ____

Number of credits earned _____ Degree earned _____ Date ____/____/____

Registrar Telephone Number: () _____

Website Address: _____ Email Address: _____

(3) Name: _____

Address: _____

Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. ____

Number of credits earned _____ Degree earned _____ Date ____/____/____

Registrar Telephone Number: () _____

Website Address: _____ Email Address: _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

COLLEGE/UNIVERSITY ATTENDANCE

Have you ever had a scholarship or grant suspended as a result of failing to meet requirements (i.e., not maintaining required GPA, etc.)? Yes [] No [] If yes, explain on reverse.

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility ? Yes [] No [] If yes, explain. _____

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes [] No [] If yes, explain. _____

FOREIGN LANGUAGE SKILLS

Have you ever received a merit or grant scholarship? Yes [] No [] If Yes please describe: _____

Are you able to communicate in any language other than English (including sign language)?

Yes [] No []

If yes, specify language and fluency level: _____

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S FINANCIAL STATUS

Do you have a savings account(s)? Yes ☐ No ☐ If yes, name the bank(s) and/or financial institution(s): _____

Approximate balance(s): _____

Do you have a checking account(s)? Yes ☐ No ☐ If yes, name the bank(s) and/or financial institution(s): _____

Approximate balance(s): _____

Have you had any checks returned? Yes ☐ No ☐ If yes, list below:

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Applicant's monthly rent or house payment: _____

List all of your sources of income and amounts: _____

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc)?

Yes ☐ No ☐ If yes, give case number(s), court(s), location(s), reason for case(s), disposition(s).

Have you ever withdrawn or transferred more than \$10,000 dollars using a bank, wire service, or other financial institution? Yes ☐ No ☐ If yes, provide all details, giving date(s), amount(s), recipient(s), etc. _____

Do you currently have any financial judgments against you? Yes ☐ No ☐ If yes, give case number(s), court(s), location(s), reason for case(s), disposition(s). _____

Have you ever filed for or declared bankruptcy? Yes ☐ No ☐ If yes, give case number(s), court(s), location(s), reason for case(s), disposition(s). _____

Do you currently have any court-ordered child support or alimony payment obligations? Yes ☐ No ☐ If yes, provide all details, giving date(s), amount(s), recipient(s), etc. _____

Have you ever been delinquent in any child support or alimony payments? Yes ☐ No ☐ If yes, provide all details, giving date(s), amount(s), recipient(s), etc. _____

Do you presently hold any active or silent controlling interest in any company? Yes ☐ No ☐ If yes, provide all details. _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION
*****Investigator Will Physically Inspect Your Driver's License*****

List all motor vehicles currently owned and/or operated by applicant.

Make: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Model: _____ Tag No: _____ State: _____

Automobile Insurance Company(s): _____ Agent: _____

Address: _____ Phone Number: _____

Policy number(s): _____

Has your automobile insurance ever been canceled in this state or any other state for non-medical reasons? Yes [] No [] If yes, explain. _____

Have you ever been denied automobile insurance in this state or any other state for non-medical reasons? Yes [] No [] If yes, explain. _____

Provide the information requested below on all drivers licenses which are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). List current license first.

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ____/____/____ Restrictions: _____

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? Yes [] No [] If yes, explain in detail supplying reason, dates, location, etc.

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

Has your vehicle registration ever been canceled, refused, revoked or suspended for any non-medical reason? Yes [] No [] If yes, explain in detail supplying reason, dates, location, disposition, etc.

Have you ever been detained, arrested or charged with Driving While Intoxicated (DWI) or Driving While Under the Influence (DUI)? Yes [] No [] If yes, explain in detail supplying, date, location, arresting agency, disposition, etc.

Have you ever obtained a driver's license in this state or another state under another name? Yes [] No [] If yes, provide full name, address, issuing agency or state, date of issue.

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license? Please indicate:

Have you ever received a "Warning Letter" from the Motor Vehicle Administration of this state or any state that said that your driver's license or vehicle registration could or would be canceled, suspended, or revoked? Yes [] No [] If yes, explain in detail supplying reason, dates, agency, disposition, etc.

Do you currently have any outstanding parking tickets in this state or any other state that have not been paid? Yes [] No [] If yes, explain in detail supplying, dates, agency, number of tickets, etc.

Have you ever obtained or possessed a falsified or fictitious driver's license? Yes [] No [] If yes, explain in detail, to include reason for possession.

Have you ever had your driving record expunged? Yes [] No [] If yes, explain in detail.

Have you ever driven a vehicle, whether stopped by the police or not, while under the influence of drugs or alcohol? Yes [] No [] If yes, explain.

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

TRAFFIC RECORD (INCLUDING RED LIGHT AND SPEED CAMERA CITATIONS)

List all traffic violations/accidents in which you were charged or held at fault. If needed, use reverse side of this page for details. (For violation, list as speeding, red light, etc. The location is state the violation/accident occurred in.)

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

MILITARY STATUS OF APPLICANT

Are you registered with the Selective Service System? Yes ☐ No ☐

Have you served in the Armed Forces of the U.S.? (includes Merchant Marines) Yes ☐ No ☐

If yes, Branch of service(s): _____ Service Number: _____

Dates of service: From: ____/____/____ To: ____/____/____

From: ____/____/____ To: ____/____/____

Type of discharge: (exclude medical reasons) _____

Job title and rank at time of separation: _____

Primary M.O.S./A.F.S.C.: _____ Secondary M.O.S./A.F.S.C.: _____

List duty stations beginning with basic training, and dates of assignments (include supervisor's name and current phone numbers on reverse if additional space is required). _____

Do you have any current Military Reserve obligation: Yes ☐ No ☐ Active ☐ Inactive ☐

Date reserve obligation started and is scheduled to terminate:

From: ____/____/____ To: ____/____/____

If you have a Reserve obligation, provide your reserve organization's name and address below.

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action (including Art.15's) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes ☐ No ☐ If yes, describe in detail.

Were you ever reduced/demoted in rank? Yes ☐ No ☐ If yes, describe in detail.

Have you ever received company punishment? Yes ☐ No ☐ If yes, describe in detail.

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military?

Yes ☐ No ☐ If yes, describe in detail. _____

Have you ever been denied/refused entrance to any of the U.S. Armed Forces? Yes ☐ No ☐

If yes, explain the basis for your denial (except for medical reasons): _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S EMPLOYMENT HISTORY

LIST ALL OF YOUR EMPLOYMENT HISTORY INCLUDING PART-TIME, BEGINNING WITH CURRENT OR MOST CURRENT EMPLOYER(S) OR CO-WORKER(S) FIRST AND WORKING BACKWARDS, TO INCLUDE ALL PERIODS OF UNEMPLOYMENT, INTERNSHIPS, AND VOLUNTEER POSITIONS. ALL EMPLOYERS WILL BE CONTACTED.

Current Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Phone of Supervisor: _____ Email Address of Supervisor: _____

Company Email Address: _____

Applicant's Position/Title: _____ Full-time [☐] Part-time [☐]

Internship [☐] Volunteer [☐] Salaried [☐] Dates of Employment: From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons) _____

CURRENT / FORMER CO-WORKERS

List two (2) co-workers with whom you presently work, and are not listed elsewhere in this booklet.

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Occupation: _____

Cell Phone: _____ Email Address: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Occupation: _____

Cell Phone: _____ Email Address: _____

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Current Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Phone of Supervisor: _____ Email Address of Supervisor: _____

Company Email Address: _____

Applicant's Position/Title: _____ Full-time [☐] Part-time [☐]

Internship [☐] Volunteer [☐] Salaried [☐] Dates of Employment: From: ____/____/____ To: ____/____/____

Reason for Leaving: (Exclude Medical Reasons) _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [☐] Part-time [☐]
Internship [☐] Volunteer [☐] Salaried [☐] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [☐] Part-time [☐]
Internship [☐] Volunteer [☐] Salaried [☐] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [☐] Part-time [☐]
Internship [☐] Volunteer [☐] Salaried [☐] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [☐] Part-time [☐]
Internship [☐] Volunteer [☐] Salaried [☐] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Phone of Supervisor: _____ Email Address of Supervisor: _____
Company Email Address: _____
Applicant's Position/Title: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S EMPLOYMENT HISTORY

IF YOU ANSWER "YES" TO ANY OF THE BELOW QUESTIONS, GIVE FULL DETAILS INCLUDING THE NAME AND ADDRESS OF EACH EMPLOYER, APPROXIMATE DATES, AND THE CIRCUMSTANCES IN EACH CASE, INCLUDING TERMINATIONS.

Have you ever been discharged/terminated/fired or disciplined by any employer?

Yes [] No [] If yes explain. _____

Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason? Yes [] No [] If yes, explain. _____

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? Yes [] No [] If yes, explain. _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct?

Yes [] No [] If yes, explain. _____

Have you ever walked off (left) a job without giving proper notice? Yes [] No [] If yes, provide full details. _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? Yes [] No [] If yes, explain. _____

Have you ever stolen anything from any of your employers? Yes [] No [] If yes, explain, supplying dates, items, values, etc. _____

Have you ever used illegal drugs or alcoholic beverages while working on any job? Yes [] No [] If yes, explain, supplying type of drug, how used, date, etc. _____

Have you ever committed any other crimes (even one which went undetected) while on any job you ever held? Yes [] No [] If yes, explain. _____

Have you had any extended work absences for reasons other than medical or earned vacations?

Yes [] No [] If yes, explain. _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S CRIMINAL HISTORY

Have you ever been (check all applicable boxes) by any police/law enforcement agency: Yes ☐ No ☐
Arrested ☐ Interviewed ☐ Interrogated ☐ Detained ☐ Indicted ☐ Convicted ☐
Received a Criminal Citation ☐ Received a Civil Citation ☐ If checked, explain in detail below
giving date, reason, agency and disposition. _____

ARE YOU CURRENTLY:

Charged with a criminal/civil offense by any police/law enforcement authority? Yes ☐ No ☐

On probation or parole of any type? Yes ☐ No ☐

If yes, on any of the above, provide full details.

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? Yes ☐ No ☐

If yes, explain in detail. _____

Have you ever assaulted anyone (i.e. fights, domestic violence etc.)? Yes ☐ No ☐ If yes, explain. ____

Have you ever been issued/served with any of the following? Yes ☐ No ☐ Check all that are
applicable: Protective Order ☐ Peace Order ☐ Bench Warrant ☐ Arrest Warrant ☐ District
Court Criminal Summons ☐ Court Papers for any type of court appearance ☐

If checked, explain in detail below providing the date, reason, agency and disposition. _____

Have you ever been convicted of a criminal offense, to include a petty offense? Yes ☐ No ☐

If yes, provide all details giving dates, location, arresting agency, court disposition, etc. _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S CRIMINAL HISTORY

IF YOU CHECKED ANY OF THE BELOW, PLEASE EXPLAIN IN DETAIL ON A CONTINUATION PAGE. INCLUDE DATES AND DISPOSITION.

PLACE A CHECK BESIDE THOSE BELOW LISTED CRIMES/OFFENSES IF YOU HAVE EVER COMMITTED OR PARTICIPATED IN OR CONSPIRED TO COMMIT ANY OF THE LISTED CRIMES (WHETHER OR NOT YOU WERE A SUSPECT, ARRESTED, CHARGED OR DETAINED).

Alcohol Violation(s)	[]	Fraud/Bad Checks	[]
Arson/Setting Fires	[]	Gambling/Betting	[]
Assault/Verbal/Physical	[]	Harassment/Threats	[]
Auto Theft	[]	Hunting/Fishing Violation	[]
Battery/Fights	[]	Impersonating a Police Officer	[]
Bomb Threats	[]	Indecent Exposure/Mooning	[]
Burglary/Housebreaking	[]	Pedophilia	[]
Child Abuse/Molestation	[]	Peeping Tom/ Voyeurism	[]
Computer Related Crimes	[]	Perjury	[]
Concealed Weapons	[]	Prescription Drugs- Illegal Use	[]
Domestic Violence/Abuse	[]	Prostitution/Solicit a Prostitute	[]
Drugs (CDS) Use/Try	[]	Rape/Date Rape/Sexual Assault	[]
Possession	[]	Robbery	[]
Sale	[]	Stalking	[]
Elder/Adult Abuse	[]	Telephone Misuse/Threats	[]
Embezzlement	[]	Thefts/Larceny	[]
Extortion	[]	Trespassing	[]
False Alarms/Fire/Bomb	[]	Unauthorized use of a Vehicle	[]
Forgery/Credit Cards	[]	Vandalism/Tagging	[]

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S CRIMINAL HISTORY

IF YOU ANSWER YES TO ANY OF THE BELOW LISTED QUESTIONS YOU ARE REQUIRED TO EXPLAIN FULLY ON A CONTINUATION PAGE.

HAVE YOU EVER:

1. Lied or committed perjury in court or other judicial proceeding? Yes [] No []
2. Lied to anyone of authority? Yes [] No []
3. Entered any building, business, dwelling, or house without permission? Yes [] No []
4. Intentionally injured anyone as a result of a fight? Yes [] No []
5. Entered a house of prostitution for any reason? Yes [] No []
6. Cheated a restaurant or food establishment by walking out on a check? Yes [] No []
7. Helped anyone steal anything? Yes [] No []
8. Falsified or lied on an employment application? Yes [] No []
9. Provided anyone a discount at your place of employment without permission? Yes [] No []
10. Conspired with anyone to commit an illegal act or crime of any kind? Yes [] No []
11. Given anything to anyone that was not yours to give away? Yes [] No []
12. Been accused of or arrested for domestic violence/spousal abuse/elder abuse? Yes [] No []
13. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? Yes [] No []
14. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? Yes [] No []

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S CRIMINAL HISTORY

IF YOU ANSWER YES TO ANY OF THE BELOW LISTED QUESTIONS YOU ARE REQUIRED TO EXPLAIN FULLY ON A CONTINUATION PAGE.

HAVE YOU EVER:

15. Used a weapon of any kind during a fight/altercation? Yes [] No []
16. Been placed on parole or probation for any reason? Yes [] No []
17. Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from this or any other police agency? Yes [] No []
18. Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? Yes [] No []
19. Allowed your car to be used in the commission of a crime? Yes [] No []
20. Have you ever committed a sex act with an animal? Yes [] No []
21. Have you ever used a computer/the Internet for any illegal purpose (i.e., downloading child pornography/illegal music, solicitation, etc.)? Yes [] No []
22. Knowingly committed a weapons violation of any kind (Includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)? Yes [] No []
23. Been a member of a street/motorcycle gang or crew? Yes [] No []
24. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? Yes [] No []
25. Committed a crime for which you were not caught or arrested (which is not listed elsewhere in this booklet)? Yes [] No []

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S CRIMINAL HISTORY

IF YOU ANSWER YES TO ANY OF THE BELOW LISTED QUESTIONS YOU ARE REQUIRED TO EXPLAIN FULLY ON A CONTINUATION PAGE.

HAVE YOU EVER:

26. Supported or engaged in any act or activity designed to overthrow the United States Government, harm its citizens, or knowingly communicated with any organization that would be involved in such activity? Yes [] No []
27. Been a member of any organization or group and/or adhere to any belief which would in any way:
- A. Limit or prohibit your use of weapons or firearms? Yes [] No []
- B. Restrict or prohibit you from working on particular days or hours? Yes [] No []
- C. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set? Yes [] No []
- D. Support any sort of discrimination or harm against any class of people? Yes [] No []
28. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any organization(s)? Yes [] No []
29. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any organization(s) which could be viewed as subversive? Yes [] No []
30. Been involved in or attended any school, camp, class, or forum sponsored by any subversive/criminal/terrorist organization(s)? Yes [] No []
31. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb or other incendiary device? Yes [] No []
32. Been approached or been solicited/recruited to become a participant with or a member of any criminal/subversive/terrorist organization, including while attending college? Yes [] No []

Use reverse side of page for additional data, if needed.

APPLICANT'S CRIMINAL HISTORY

OFFICIAL USE ONLY

Investigator

Date

Applicant

IF YOU ANSWER YES TO ANY OF THE BELOW LISTED QUESTIONS YOU ARE REQUIRED TO EXPLAIN FULLY ON A CONTINUATION PAGE.

HAVE YOU EVER:

33. Knowingly filed a false/fraudulent insurance claim with any Insurance Company regarding a traffic accident, theft, or other monetary or property loss? Yes [] No []
34. Been sexually aroused by a child/minor or had sexual contact or a sexual relationship with a child/minor? Yes [] No []
35. Been subjected to forfeiture of collateral in connection with an arrest? Yes [] No []
36. Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes [] No []
37. Been a victim or complainant in any crime or incident? Yes [] No []
38. Been found to be delinquent on income or other tax payments? Yes [] No []
39. Been bonded or refused bond upon application? Yes [] No []
40. Been issued or denied a permit or license to carry a handgun or other weapon on your person? Yes [] No []
41. Been involved in any college/fraternity hazing/initiation incident/ritual/program? Yes [] No []

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S DRUG EXPERIMENTATION AND HISTORY

Have you ever used, ingested, experimented, tasted and/or possessed any narcotics/controlled dangerous substance (CDS) not prescribed by a physician? Yes [] No [] If yes, explain in detail supplying reason, dates, location, method of use, etc. _____

Have you ever associated with, or are related to, or had/have an ongoing friendship/personal relationship with anyone you suspected or knew was/is a seller/distributor of narcotics/controlled dangerous substances? Yes [] No [] If yes, explain. _____

Have you ever been present when illegal drugs/narcotics/C.D.S. were either used, sold, possessed or delivered? Yes [] No [] If yes, explain in detail supplying reason, dates, location, method of use, etc. _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

APPLICANT'S DRUG EXPERIMENTATION AND HISTORY

HAVE YOU EVER ILLEGALLY SMOKED/ EXPERIMENTED/ TASTED/ INGESTED/ USED/ INJECTED/ SNIFFED, ETC. ANY OF THE FOLLOWING (date column must include month and year):

SUBSTANCE (circle as applicable)	YES	NO	Number of times	Date of last use
Marijuana / Hashish				
Cocaine/Powder				
Cocaine / Crack				
Opium Derivative (Heroin, morphine, codeine, etc)				
Amphetamines, Methamphetamines, Meth, Crystal Meth, Ice, Speed, Adderall, Ritalin				
Barbiturates / Reds/Downers				
Inhalants (Glue, solvents, aerosols, whippit, etc.)				
Anabolic Steroids				
Hallucinogenics (LSD, PCP, mushrooms, ecstasy)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet				
GHB (gamma-hydroxybutyrate) and HGH (human growth hormone)				
Any other illegal drug/narcotic/prescription drug not specifically listed above				
Have you ever used a prescription medication prescribed to another person?				
Have you ever bought/purchased any of the above listed substances or any over-the-counter medication, other than directed, for illegal or recreational use?				
Have you ever illegally used/obtained prescription medications or drugs?				

Use continuation page for additional data.

OFFICIAL USE ONLY		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Investigator	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Applicant
27		

DRUG INVOLVEMENT

YES/NO

Have you ever been arrested or charged with any type of drug/narcotic related violation?		
Have you ever used prescription medication for recreational purposes?		
Have you ever sold or distributed any type of illegal drug/narcotic?		
Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, handling, or holding of illegal drugs/narcotic for yourself or anyone else?		
Have you ever made any money or profit in any way from your involvement in drugs/narcotics?		
Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this booklet ?		

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, YOU ARE REQUIRED TO PROVIDE A FULL EXPLANATION (INCLUDE DATES).

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Use continuation page for additional data.

OFFICIAL USE ONLY		
Investigator	Date	Applicant
28		

GAMBLING RELATED ACTIVITIES

Do you gamble? Never ☐ Seldom ☐ Occasionally ☐ Regularly ☐

If so, on what: _____

Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with a bookmaker (bookie or numbers man? Yes ☐ No ☐ If yes, provide all details _____

Have you ever been "paid off" while or after playing any illegal slot machine or video games? Yes ☐ No ☐ If yes, explain giving all details. _____

Have you ever worked for a bookie? Yes ☐ No ☐ If yes, explain giving all details. _____

Do you currently have any outstanding gambling debts? Yes ☐ No ☐ If yes, provide all details. _____

Have you ever borrowed money to gamble? Yes ☐ No ☐ If yes, explain giving all details. _____

Have you ever used an employer's money to gamble? Yes ☐ No ☐ If yes, explain giving all details. _____

Have you ever stolen money with which to gamble? Yes ☐ No ☐ If yes, explain giving all details. _____

ALCOHOL RELATED ACTIVITIES

Have you ever been arrested/charged for committing any alcohol related violations? Yes ☐ No ☐ If yes, explain giving all details. _____

Have you ever been issued a civil/criminal citation for any type of alcohol related violation? Yes ☐ No ☐ If yes, explain: _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

CHARACTER REFERENCES

PROVIDE THE NAMES AND ADDRESSES OF THREE (3) CHARACTER REFERENCES (NOT RELATED TO YOU BY BLOOD OR MARRIAGE) WHO ARE NOT LISTED ELSEWHERE IN THIS BOOKLET:

1. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____

PROVIDE THE NAMES AND ADDRESSES OF THREE (3) PERSONAL FRIENDS WHO ARE NOT LISTED ELSEWHERE IN THIS BOOKLET:

1. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

NEIGHBORHOOD REFERENCES

PROVIDE NAMES AND ADDRESSES OF THREE (3) PEOPLE WHO RESIDE IN YOUR NEIGHBORHOOD (WHETHER KNOWN BY YOU OR NOT), AND WHO HAVE NOT BEEN LISTED ELSEWHERE IN THIS BOOKLET.

1. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____

CURRENT ROOMMATE(S)/LANDLORD(S)

(IF YOU DO NOT CURRENTLY LIVE WITH ANYONE, LIST ANY ROOMMATES/LANDLORDS WHICH YOU HAVE HAD IN THE PAST THREE (3) YEARS. THIS DOES NOT INCLUDE FAMILY MEMBERS)

1. Roommate/Landlord's Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____
2. Roommate/Landlord's Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Cell Phone: _____ Email Address: _____
Length of time known: _____

Use continuation page for additional data.

OFFICIAL USE ONLY		
_____ Investigator	_____ Date	_____ Applicant

POLICE / PUBLIC SAFETY/ SECURITY EXPERIENCE

Do you personally know any Montgomery County Police Officers/Employees? Yes [☐] No [☐] If yes, list names below and duty station if known, and length of time you have known them. _____

Do you have experience as a sworn police/law enforcement officer? Yes [☐] No [☐] If yes, explain to include agency(s), position, length of service, and complete Part II of this booklet. _____

Do you have experience in private security? Yes [☐] No [☐] If yes, provide agency(s), dates, and position: _____

Do you have experience as an intern, volunteer, cadet, or explorer with this agency, or any other police/law enforcement/public safety agency? Yes [☐] No [☐] If yes, provide agency, dates, and position: _____

Do you have experience as a member, paid or volunteer, of any fire department or rescue squad? Yes [☐] No [☐] If yes, provide agency, dates, and position: _____

Do you have any family members/relatives who are current or past members of a law enforcement agency? Yes [☐] No [☐] If yes, please list name, relationship and their department/agency. _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

POLICE / PUBLIC SAFETY/ SECURITY EXPERIENCE

HAVE YOU EVER:

Applied for a position with any Law Enforcement Agency or any Fire Department?

Yes ☐ No ☐ If yes, list on next page.

Applied for any position for which a background investigation was initiated?

Yes ☐ No ☐ If yes, list on next page.

Been denied employment by an organization covered in the questions above? Yes ☐ No ☐ If yes, list on the next page and fully explain the reason for denial.

Do you have any concerns about participating in a polygraph examination with this agency?

Yes ☐ No ☐

Have you ever been polygraphed or participated in a C.V.S.A. exam in the course of employment or while seeking employment? Yes ☐ No ☐ If yes, list agency(s)? _____

Have you ever failed a polygraph or had deception identified upon taking a polygraph or C.V.S.A. examination? Yes ☐ No ☐ If yes, explain the failure if you were so advised, and list the area(s) of deception or concern and by which agency(s). _____

Have you ever been granted a security clearance by the United States Government? Yes ☐ No ☐ If yes, by which agency(s) and at what level? _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

POLICE/PUBLIC SAFETY EMPLOYMENT APPLICATIONS

List all criminal justice agencies below with whom you have applied. List the steps you have completed with each agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.), also list final status. If you have applied to the same agency more than once, list each time separately. Also list each occasion you applied to this agency.

Department(s)	Date(s) Applied	Steps Taken	Investigators	Phone Numbers	Status

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

SPECIAL SKILLS/TRAINING/CERTIFICATIONS

What computer skills/programs and experience do you possess? List the type of hardware/software application(s) and general competency level of each:

List any special skills/training, such as operation of machines or special equipment, that you possess:

List any special licenses or certificates issued to you, such as pilot, ham radio operator, PADI, handgun permit, etc. [Please provide a photocopy of all license(s) or certificates (s)].

Are you currently Maryland Police Training Commission certified? Yes [☐] No [☐]

If yes, certificate # _____ Expiration Date: _____

Please provide a photocopy of the certification card.

Do you have a Special Police Officer (SPO) commission issued by the State of Maryland?

Yes [☐] No [☐] If yes, permit # _____ Expiration Date: _____

Please provide a photocopy of the permit.

Use continuation page for additional data.

OFFICIAL USE ONLY		
_____ Investigator	_____ Date	_____ Applicant

SPECIAL SKILLS/TRAINING/CERTIFICATIONS

(Provide copies of certificates if issued)

Do you have skills or training in the following areas?

SKILL / TRAINING	NO	YES	SPECIFY COURSE/CERTIFICATION
EMT / PARAMEDIC			
EMERGENCY DRIVING			
FIREARMS TRAINING			
COUNSELING / CRISIS INTERVENTION			
LEGAL / PARALEGAL			
LEADERSHIP COURSE(S)			
MARTIAL ARTS			
OTHER (SPECIFY):			

MISCELLANEOUS

IS THERE ANYTHING WHICH WOULD PREVENT YOU FROM:

Taking an oath of office, with or without an affirmation in a Supreme Being? Yes [] No [] If yes, explain: _____

Supporting and defending the Constitution of the United States and the State of Maryland?

Yes [] No [] If yes, explain: _____

Taking of a life in pursuit/line of duty? Yes [] No [] If yes, explain: _____

Is there anything in your past or that is currently occurring that we have not asked, which, if ascertained at a later date, may prove to be embarrassing to you and/or this Department, if you were employed by this agency? Yes [] No [] If yes, explain in detail: _____

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone you know? Yes [] No [] If yes, explain: _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

MISCELLANEOUS

If you become employed as a police officer by this agency, how long do you anticipate remaining with us?

List all professional and/or civic organizations that you currently are, or were previously a member of.

List all of your current non-employment related interests and hobbies.

If employed as a police officer with this agency, what career goals do you have?

List all of your current and past volunteer/community service/community-oriented activities.

Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential questionnaire booklet? Yes [] No [] If yes, please explain:

OFFICIAL USE ONLY

Investigator

Date

Applicant

MCPD



CONFIDENTIAL QUESTIONNAIRE

***CONTINUATION FOR
CURRENT/PAST POLICE
OFFICERS ONLY***

***Make a Difference ... Make
a Commitment...***

***Choose a Career That Counts ...
Choose Montgomery County***

CURRENT AND FORMER POLICE OFFICERS

What Police/Law Enforcement Agency(s) are you currently or were previously employed by?

What are/were your date(s) of employment? From: ____/____/____ To: ____/____/____

Have you been the subject of any internal investigations? Yes [] No [] If yes, explain in full all circumstances: _____

Have you ever been suspended from duty, with or without your police powers, for any reason, except medical? Yes [] No [] If yes, explain in full all circumstances. _____

Have you been subject to any departmental disciplinary actions? Yes [] No [] If yes, explain in full all circumstances. _____

Have you been involved in any traffic accidents while operating departmental or government vehicles? Yes [] No [] If so, how many? _____ What was the disposition of each?

What assignments, special training, or skills have you had as a police officer, and how long have the assignments lasted (i.e., radar, FTO, etc.)? _____

How have you been rated on your evaluations?

Excellent [] Above Satisfactory [] Satisfactory [] Below Satisfactory [] Unsatisfactory []

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

CURRENT AND FORMER POLICE OFFICERS

Explain any evaluations where you received a less than satisfactory rating.

Please provide copies of performance evaluations for the past two years.

Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit?
Yes [☐] No [☐] If yes, explain in full all circumstances. _____

Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal destruction? Yes [☐] No [☐] If yes, explain in full all circumstances.

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer? Yes [☐] No [☐] If yes, explain in full, all circumstances.

Have you ever been charged or investigated for the use of excessive use of force or police brutality?
Yes [☐] No [☐] If yes, explain in detail giving dates, location, type of call, investigator, and disposition.

Please explain the reasons why you want to leave your current, or why you left your previous law enforcement/police employer. _____

Have you been investigated by your current/past agency for an allegation of domestic violence or spousal abuse? Yes [☐] No [☐] If yes, explain in full, all circumstances. _____

Use continuation page for additional data.

OFFICIAL USE ONLY

Investigator

Date

Applicant

[illegible]